

Dr. Brian Jones and Mr. Scott Norris

2015 Defense Health Information Technology Symposium

Level of Effort for DHMSM Deployment















DHA Vision



"A joint, integrated, premier system of health, supporting those who serve in the defense of our country."



Learning Objectives



- Describe the overall Level of Effort (time) required to deploy the EHR
- Describe "The Big Bang" Go-Live
- Explain the Clinical Champions & Super Users Roles
- Identify the tools your MTF can employ to mitigate the EHR Level of Effort

Agenda



- Industry Experiences & Lessons Learned during EHR Deployments
- Background of Level of Effort Modeling
- Clinical Champions & Super Users
- "The Big Bang" aka Go Live
- LOE Model
- Mitigation Playbook

Lessons Learned from Industry



Clinically led EHR implementations are more likely to succeed than IT led implementations

Lessons Learned from Industry



"Some experts say that during the initial stages of an implementation, you should plan for a 30% reduction in productivity, but the loss of productivity can be as high as 50% for some practices."

-Medical Economics 2012

Industry Lessons Learned To Mitigate Risk



- Clinically led EHR implementations are more likely to succeed than IT led implementations.
 - ☐ Functional Champion (FC) MHS, Service
 - Culture change
 - □ Clinical Champion (CC)
 - Super User (SU)
- Limited published descriptions of ratios of champions and super users to staff
 - □ Difficult to make apples to apples comparison
 - □ Anecdotal accounts (Deloitte, VA, Gartner)

Clinical Champions & Super Users



Clinical Champions:

- □ Executive Sponsors at the site (Command, Chief Medical Officer, Chief Nurse, etc.)
- Not a full clinical FTE
- Lead the culture change at the MTF
- □ Voice of the MTF staff

Super Users:

- Users who receive enhanced system training/certification from vendor
- System subject matter experts in their clinic/floor needed to assist user adoption
- □ Trusted agent:
 - Over the shoulder support
 - Clinic/floor/department implementation lead
 - Leads optimization activities (post go-live)

Why the Big Bang



Industry Experience with phased implementations

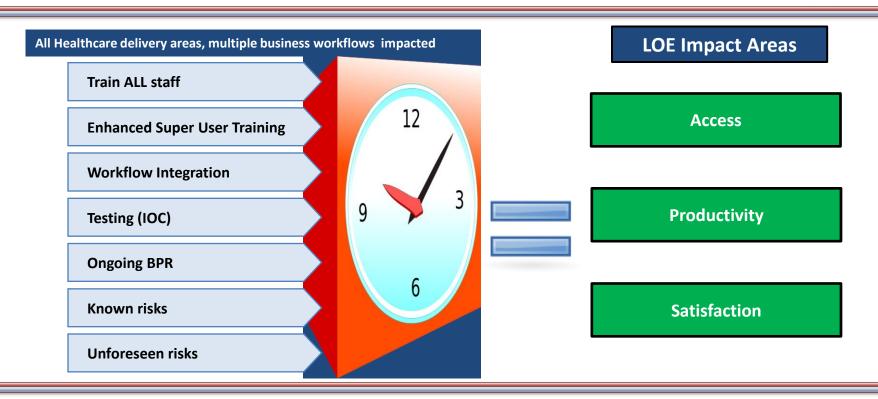


Current Industry Standard



Taking a Bite Out of Time





Level of Effort Timeline



Pre Go-Live: 12 Weeks

16 hours of Training for all End-Users

32 hours of training for all Super Users and Clinical System Trainers

Go-Live: 4 Weeks



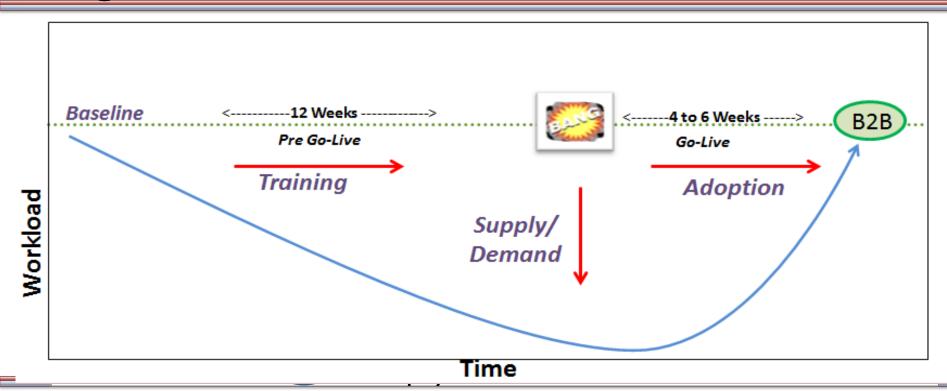
Post Go-Live: 12 months

90 Days Trainers from the Vendor will be onsite to assist with adoption

8 hours per month for Clinical Champions to assist with optimization

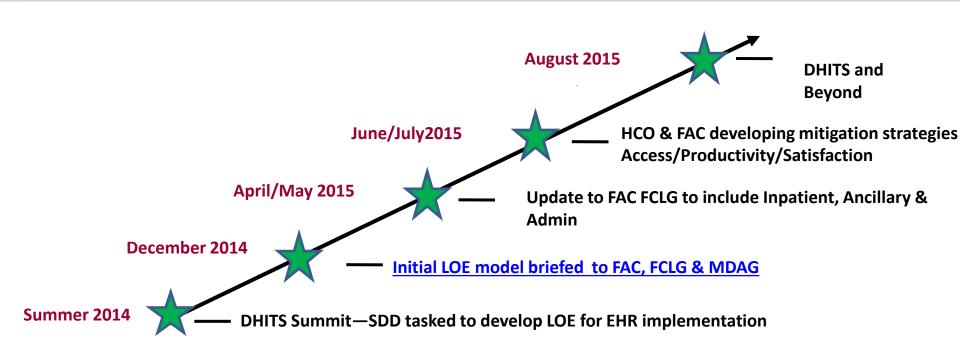
EHR LOE Training & Workflow Integration then Back 2 Baseline





LOE Journey





"Medically Ready Force...Ready Medical Force"



Commander's Level of Effort Mitigation Playbook

Mitigation Highlights



- Zero Reductions in Readiness
- Preserve patient / provider relationship the best we can
- Demand Management
 - Well Care > Acute Care (but not by much)
 - ☐ Front load or defer elective procedures
 - Maximize Network Capabilities
- Continual progress updates to the community
 - Manage Expectations
- Bring them back to the direct care system 1 month after Go-Live



Support for Commanders*



- Commanders will not be held accountable for **ANY**:
 - □ Access, satisfaction and business metrics from 3 months pre go-live to 1 month post go-live.
 - Will allows commanders to focus MTF's on adoption of the system and new business process
- Increased budgeting for local Tri-Care Service Contracts
- Support from MTF's who deployed in earlier waves

*Policies for the above are still being agreed upon and worked at the HQ level

LOE Breakout Request



■ If you would like to receive your MTF's breakout of the estimated LOE during DHMSM's deployment, please send your requests to william.s.norris27.civ@mail.mil



Questions?

Evaluations



■ Please complete your evaluations

■ Please also add what additional support you need in the Commander's playbook for your MTF

Contact Information



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